

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

Page 1 of 4

Report Date: <b>September 24, 2018</b>		Bureau/Station/Facility: <b>Central Patrol Division / East Los Angeles Station</b>		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: <b>018-14036-0272-013</b>		Date: <b>September 24, 2018</b>		Time: <b>2326 hours</b>	
City or Station: <b>East Los Angeles Station</b>		Nature of Incident: <b>Deputies contacted an armed suspect during a traffic stop. A struggle ensued which led to deputy involved shooting.</b>			
Location: <b>Meisner St., East Los Angeles 90063</b>					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: _____		Lighting (check only one): <input type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input checked="" type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance: <b>2-3 Feet</b>		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input checked="" type="checkbox"/> Struggle Involved <input checked="" type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: _____	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit  Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>			
Total # of Shots Fired by Deputy: <b>3</b>		Total # of Shots Fired by Suspect: <b>1</b>			
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	<b>Strosnider</b>	<b>John</b>	<b>D.</b>		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
	<b>Arcos</b>	<b>Joanne</b>	<b>M.</b>		
Employee #	Last Name	First Name	M.I.	(check one or more): <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
	<b>Bernas</b>	<b>Joseph</b>	<b>M.</b>		
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Sunagawa</b>	<b>Mark</b>	<b>A.</b>		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	<b>Castro</b>	<b>Mario</b>	<b>NMN</b>		

<b>PSTD Use Only</b>	
SH #	<b>2464907</b>

# Officer Involved Shooting Involved Employee Information

URN: 018-14036-0272-013

Page 2 of 4

Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Romero			Jennifer		NMN		
	Sex: F	Race: H	Rank: DSG		Unit Assignment: East Los Angeles Station		Work Assignment (Unit #, Module, etc.): 21A			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 2.5		Duty Time (hrs): 8		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height: 506		Weight: 150					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm		# Shots: 3		Weapons Fired Brand:		Caliber:	
Field Training Officer Emp #		Last Name			First Name			M.I.		
Field Training Officer Emp #		Last Name			First Name			M.I.		
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	
Field Training Officer Emp #		Last Name			First Name			M.I.		
Field Training Officer Emp #		Last Name			First Name			M.I.		
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	
Field Training Officer Emp #		Last Name			First Name			M.I.		
Field Training Officer Emp #		Last Name			First Name			M.I.		

# Officer Involved Shooting Suspect Information

URN: 018-14036-0272-013

Page 3 of 4

Suspect Information												
S 1	Last Name			Pena			First Name			Ivan	M.I.	NMN
	AKA Last Name			Santos			First Name			Ivan	M.I.	NMN
	Sex:	M	Race:	H	Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:	46	D.O.B.:	04/22/76	Height:	509	Weight:	180	FBI #:	CII #:		
	Booking #:		Primary Charge:				Secondary Charge:					
	Coroner Case?		<input checked="" type="checkbox"/>		Coroner Case #:		2018-07398		Intoxication/Drug Usage?		<input checked="" type="checkbox"/>	
	Armed?		<input checked="" type="checkbox"/>		Apprehended?		<input checked="" type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make		Honda		Model:		Accord		Year:		2009	
	S	Last Name						First Name				M.I.
AKA Last Name						First Name				M.I.		
Sex:			Race:		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Social Security #:		Driver's License #:						
Age:			D.O.B.:		Height:		Weight:		FBI #:	CII #:		
Booking #:		Primary Charge:				Secondary Charge:						
Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>		
Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>		
Vehicle Make				Model:				Year:				
S		Last Name						First Name				M.I.
	AKA Last Name						First Name				M.I.	
	Sex:		Race:		Street Address:		City:		State & Zip Code:			
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:					
	Age:		D.O.B.:		Height:		Weight:		FBI #:	CII #:		
	Booking #:		Primary Charge:				Secondary Charge:					
	Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>	
	Vehicle Make				Model:				Year:			
	S	Last Name						First Name				M.I.
AKA Last Name						First Name				M.I.		
Sex:			Race:		Street Address:		City:		State & Zip Code:			
Work Phone:		Home Phone:		Social Security #:		Driver's License #:						
Age:			D.O.B.:		Height:		Weight:		FBI #:	CII #:		
Booking #:		Primary Charge:				Secondary Charge:						
Coroner Case?		<input type="checkbox"/>		Coroner Case #:				Intoxication/Drug Usage?		<input type="checkbox"/>		
Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>		
Vehicle Make				Model:				Year:				

## URN: 018-14036-0272-013

Rollout Information				
Arrival Date	September 25, 18	Arrival Time	0045 hours	Date Submitted 3/2/20
	Date of Recommendation			
Employee #	[REDACTED]	Last Name	Carter	First Name
			Quitman	M.I. V.
Employee #	[REDACTED]	Last Name	Ferreras	First Name
			Ernest	M.I. A.
Employee #	[REDACTED]	Last Name	Veatch	First Name
			Amber	M.I. N.
Shooting / Force Information				

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

(9)	9 mm	(24)	.243 caliber	(41)	.410 guage
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 guage	(30)	.308 caliber	(45)	.45 caliber
(20)	20 guage	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

[illegible]